

**BOARD OF OPTOMETRY**

2420 Del Paso Blvd., Suite 255  
 Sacramento, CA 95834  
 (916) 575-7170 / (866) 585-2666  
[www.optometry.ca.gov](http://www.optometry.ca.gov)



## Request to Transfer Business License(s)

Effective January 1, 2007, optometric corporations are no longer required to register with the Board of Optometry and all optometric corporation registrations issued by the Board will be cancelled. Please note that **Optometric corporations are still required to meet all other legal requirements** regarding registration with the Secretary of State, officers, shareholders, directors, formation, etc.<sup>1</sup> Additionally, optometric corporations that advertise and/or practice under a false or fictitious business name must obtain a fictitious name permit (FNP) from the Board of Optometry.

As a result of the elimination of Board-mandated corporate registration, all business licenses issued by the Board to optometric corporations must be transferred to personal optometric licenses. Please refer to your "Optometric Corporation Registration Report" to determine if a business license was issued to your optometric corporation. If there is no change in the name, address or ownership of the license, there is no fee to transfer business licenses from a cancelled corporate registration to a personal optometric license. If there is a name change, change in ownership or address change, the business license must be cancelled and a new license applied for.

### Section 1. Name and Number of Optometric Corporation Registration

Name of Optometric Corporation: \_\_\_\_\_

Optometric Corporation Registration (COR) # issued by the Board: \_\_\_\_\_

### Section 2. Business license(s) to be transferred from optometric corporation listed above to the optometrist(s) listed below.

Fictitious Name Permit (FNP) #: \_\_\_\_\_

Fictitious business name listed on the FNP: \_\_\_\_\_

Address listed on the FNP: \_\_\_\_\_

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Fictitious Name Permit (FNP) #: \_\_\_\_\_

Fictitious business name listed on the FNP: \_\_\_\_\_

Address listed on the FNP: \_\_\_\_\_

Branch Office License (BOL) # \_\_\_\_\_

Address listed the BOL: \_\_\_\_\_

<sup>1</sup> Requirements for optometric corporations are established in Business and Professions Code Sections 3160-3167 and Corporations Code Sections 13400-13410 and can be viewed in the 2006 edition of the "California Laws and Regulations Related to the Practice of Optometry," which is available online at [www.optometry.ca.gov](http://www.optometry.ca.gov).

Branch Office License (BOL) # \_\_\_\_\_

Address listed the BOL: \_\_\_\_\_

**Section 3. Optometrist(s) to whom the FNP and/or BOL license(s) listed above will be transferred.**

Optometrist Name: \_\_\_\_\_

Optometrist (OPT) License Number: \_\_\_\_\_

Optometrist Signature: \_\_\_\_\_

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Optometrist Name: \_\_\_\_\_

Optometrist (OPT) License Number: \_\_\_\_\_

Optometrist Signature: \_\_\_\_\_

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Optometrist Name: \_\_\_\_\_

Optometrist (OPT) License Number: \_\_\_\_\_

Optometrist Signature: \_\_\_\_\_

**Section 4. Declaration**

I/We declare under penalty of perjury that the information contained on this form is accurate and correct. I/We further declare that I/we are authorized to sign/act on behalf of the optometric corporation listed above.

\_\_\_\_\_  
Optometrist Name

\_\_\_\_\_  
Optometrist Signature

\_\_\_\_\_  
Date

Attach a copy of the "Optometric Corporation Registration Report" to this form and submit to:

Board of Optometry  
2420 Del Paso Road, Suite 255  
Sacramento, CA 95826